

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.		17				
TOTAL	20					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						